



# State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/04/2013

Business ID: 574698

William M. Gardner

Secretary of State

XS INNOVATION INC.

185 MAIN ST  
PLAISTOW, NH 03865

## ADDRESS OF PRINCIPAL OFFICE:

185 MAIN ST  
PLAISTOW, NH 03865

## REGISTERED AGENT AND OFFICE:

GAUTREAU, JASON  
185 MAIN ST  
PLAISTOW, NH 03865

ENTITY TYPE: CORPORATION

BUSINESS ID: 574698

STATE OF DOMICILE: NEW HAMPSHIRE

TECHNICAL CONSULTING; WEB HOSTING, NETWORKING,  
SOFTWARE ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_
- ☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Jason D Gautreau

STREET 185 Main Street

CITY/STATE/ZIP Plaistow Nh 03865

TREAS. Linda Gautreau

STREET 185 Main Street

CITY/STATE/ZIP Plaistow Nh 03865

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Isabel Gautreau

STREET 185 Main Street

CITY/STATE/ZIP Plaistow Nh 03865

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Jason D Gautreau

Please print name and title of signer: Jason D Gautreau / PRESIDENT  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



057469820131006

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529